

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only  
JUL 21 2005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3687</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>MARGARITA</u> <u>KLEIN</u> P.O. Box, Bldg., Room No., if any Street <u>333 SOUTH ASHLAND</u> City <u>CHICAGO</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>60607</u>	4. Name, file number, and address of labor organization. Name <u>CHICAGO &amp; MIDWEST BEHONAH JT. BOD. UNITE</u> Labor Organization File Number <u>511-578</u> <u>HERE</u> P.O. Box, Building and Room Number, if any Street <u>333 SOUTH ASHLAND</u> City <u>CHICAGO</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>60607</u>
5. Position in labor organization. <u>BUSINESS REPRESENTATIVE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name <u>Hospital Laundry Services</u> Trade Name, if any: <u>HLS</u> P.O. Box, Bldg., Room No., if any Street <u>45 W. Hintz Rd</u> City <u>Wheeling IL</u> State <u>Illinois</u> ZIP Code + 4 <u>60090</u>	7.a. Nature of Interest, Transaction, or Income. <u>3 tickets for Great America</u> <u>I think the value is over</u> <u>\$25.00</u> 7.b. Amount. <u>65.00</u>
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Margarita Klein

On 7/14/05  
Date

(773) 301-9949  
Telephone Number

Name of Person Filing MARGARITA KHEINFile Number U- 3681

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name AMALGAMATED LIFE & HEALTH INS. CO  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street 333 S. ASHLAND  
City CHICAGO  
State ILLINOIS ZIP Code + 4 60607

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name AMALGAMATED SOCIAL BENEFITS ASSOCIATION  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street 333 SOUTH ASHLAND  
City CHICAGO  
State ILLINOIS ZIP Code + 4 60607

11.a. Nature of such dealing.

AMALGAMATED SOCIAL BENEFITS ASSOCIATION OWNS THE STOCK OF AMALGAMATED LIFE & HEALTH INS. CO. AND RECEIVES DIVIDENDS FROM AMALGAMATED LIFE AND HEALTH INS. CO. FROM ITS PROFITS

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

ATTENDED 7 LUNCHES IN CONJUNCTION WITH BOARD OF DIRECTORS MEETING AT WHICH BUSINESS WAS DISCUSSED. I BELIEVE THE VALUE PER MEAL WAS IN EXCESS OF \$25.00.

12.b. Amount.

525.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name OWENS CORNING ROOFING PLANT  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street 5824 SOUTH ARCHER AVE.  
City SUMMIT  
State ILLINOIS ZIP Code + 4 60501-0907

14.a. Nature of payment.

Gift of a spring jacket with company logo - I believe the value was in excess of \$25.00

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

30.00